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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.    | DP6760 US NA   |
|  | First Inventor         | STEVEN WAYNE SMITH, ET AL.   |
|  | Title                  | PROCESS AND APPARATUS FOR IMPROVED<br>CONDITIONING OF MELT-SPUN MATERIAL |
|  | Express Mail Label No. | EK004594446US  |


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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 23]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the Invention<br/>- Cross References to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table, or a computer program listing appendix<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 2]<br/>5. Oath or Declaration [Total Pages 1]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/>(for a continuation/divisional with Box 17 completed)<br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application, see 37 CFR<br/>1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement of Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br/><input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br/>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br/>or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p> |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |  |           |  |          |  |
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| <b>17. CORRESPONDENCE ADDRESS</b>   |  |           |  |          |  |
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|-------------------|----------------|-----------------------------------|--------------|
| Name (Print/Type) | TAMERA L. FAIR | Registration No. (Attorney/Agent) | 35,867       |
| Signature         | Tamera L. Fair | Date                              | MAY 15, 2001 |

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 1102

## Complete if Known

|                      |                            |
|----------------------|----------------------------|
| Application Number   | UNASSIGNED                 |
| Filing Date          | HEREWITH                   |
| First Named Inventor | STEVEN WAYNE SMITH, ET AL. |
| Examiner Name        | UNASSIGNED                 |
| Group / Art Unit     | UNASSIGNED                 |
| Attorney Docket No.  | DP6760 US NA               |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)   |                       |                       |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|---|---|-----------------------|-----------------------|------------------------|-----------------|----------|-----|-----|-----|-----|--------------------|-----|-----|-----|-----|-----|-------------------|-----|-----|-----|-----|-----|------------------|-----|-------|-----|-----|------|--------------------|------|-----|-----|--------|-----|------------------------|--|---|--------------|--------------|----------------|----------|-----|---------|-----|-----|-----------------------|--------|-----|-----|-----------------------|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">04-1928</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">E. I. du Pont de Nemours and Company</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="text-align: center;"> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other                 </p>  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid      <b>SUBTOTAL (3)</b> (\$) 0</p> | Fee Code              | Large Entity Fee (\$) | Small Entity Fee (\$)  | Fee Description | Fee Paid | 105 | 130 | 205 | 65  |                    | 127 | 50  | 227 | 25  |     | 139               | 130 | 139 | 130 |     | 147 | 2,520            | 147 | 2,520 |     | 112 | 920* | 112                | 920* |     | 113 | 1,840* | 113 | 1,840*                 |  | 115   | 110          | 215          | 55             |          | 116 | 390     | 216 | 195 |                       | 117    | 890 | 217 | 445                   |  | 118 | 1,390 | 218 | 695 |  | 128 | 1,890 | 228 | 945 |  | 119 | 310 | 219 | 155 |  | 120 | 310 | 220 | 155 |  | 121 | 270 | 221 | 135 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,240 | 241 | 620 |  | 142 | 1,240 | 242 | 620 |  | 143 | 440 | 243 | 220 |  | 144 | 600 | 244 | 300 |  | 122 | 130 | 122 | 130 |  | 123 | 130 | 123 | 130 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 710 | 246 | 355 |  | 149 | 710 | 249 | 355 |  | 179 | 710 | 279 | 355 |  | 169 | 900 | 169 | 900 |  |
| Fee Code  | Large Entity Fee (\$)   | Small Entity Fee (\$) | Fee Description       | Fee Paid               |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105   | 130   | 205                   | 65                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127   | 50  | 227                   | 25                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139   | 130   | 139                   | 130                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147   | 2,520   | 147                   | 2,520                 |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112   | 920*  | 112                   | 920*                  |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113   | 1,840*  | 113                   | 1,840*                |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115   | 110   | 215                   | 55                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116   | 390   | 216                   | 195                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117   | 890   | 217                   | 445                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118   | 1,390   | 218                   | 695                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128   | 1,890   | 228                   | 945                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119   | 310   | 219                   | 155                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120   | 310   | 220                   | 155                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121   | 270   | 221                   | 135                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138   | 1,510   | 138                   | 1,510                 |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140   | 110   | 240                   | 55                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141   | 1,240   | 241                   | 620                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142   | 1,240   | 242                   | 620                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143   | 440   | 243                   | 220                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144   | 600   | 244                   | 300                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122   | 130   | 122                   | 130                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123   | 130   | 123                   | 130                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126   | 180   | 126                   | 180                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581   | 40  | 581                   | 40                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146   | 710   | 246                   | 355                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149   | 710   | 249                   | 355                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 179   | 710   | 279                   | 355                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169   | 900   | 169                   | 900                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1)</b> (\$) 710</p> | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$)  | Fee Description | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | 710 | 106 | 320 | 206 | 160 | Design filing fee |     | 107 | 490 | 207 | 245 | Plant filing fee |     | 108   | 710 | 208 | 355  | Reissue filing fee |      | 114 | 150 | 214    | 75  | Provisional filing fee |  | <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>-20 = 4</td> <td>18</td> <td>72</td> </tr> <tr> <td>Independent Claims: 7</td> <td>-3 = 4</td> <td>80</td> <td>320</td> </tr> <tr> <td>Multiple Dependent: 0</td> <td></td> <td>270</td> <td>0</td> </tr> </tbody> </table> <p><b>110</b>    <b>18</b>    <b>210</b>    <b>9</b>    <b>Claims in excess of 20</b></p> <p><b>102</b>    <b>80</b>    <b>202</b>    <b>40</b>    <b>Independent claims in excess of 3</b></p> <p><b>104</b>    <b>270</b>    <b>204</b>    <b>135</b>    <b>Multiple dependent claim, if not paid</b></p> <p><b>109</b>    <b>80</b>    <b>209</b>    <b>40</b>    <b>** Reissue independent claims over original patent</b></p> <p><b>110</b>    <b>18</b>    <b>210</b>    <b>9</b>    <b>** Reissue claims in excess of 20 and over original patent</b></p> <p style="text-align: right;"><b>SUBTOTAL (2)</b> (\$) 392</p> | Total Claims | Extra Claims | Fee from below | Fee Paid | 24  | -20 = 4 | 18  | 72  | Independent Claims: 7 | -3 = 4 | 80  | 320 | Multiple Dependent: 0 |  | 270 | 0     |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Entity Fee Code   | Large Entity Fee (\$)   | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description        | Fee Paid        |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101   | 710   | 201                   | 355                   | Utility filing fee     | 710             |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106   | 320   | 206                   | 160                   | Design filing fee      |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107   | 490   | 207                   | 245                   | Plant filing fee       |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108   | 710   | 208                   | 355                   | Reissue filing fee     |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114   | 150   | 214                   | 75                    | Provisional filing fee |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims  | Extra Claims  | Fee from below        | Fee Paid              |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 24  | -20 = 4   | 18                    | 72                    |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Independent Claims: 7   | -3 = 4  | 80                    | 320                   |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent: 0   |   | 270                   | 0                     |                        |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |     |     |     |     |     |                  |     |       |     |     |      |                    |      |     |     |        |     |                        |  |   |              |              |                |          |     |         |     |     |                       |        |     |     |                       |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                       |                                 |        | Complete (if applicable) |                |
|-------------------|-----------------------|---------------------------------|--------|--------------------------|----------------|
| Name (Print/Type) | TAMERA L. FAIR        | Registration No. Attorney/Agent | 35,867 | Telephone                | (302) 892-7948 |
| Signature         | <i>Tamera L. Fair</i> |                                 |        | Date                     | MAY 15, 2001   |

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